

Saudi Arabia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

There has been an intense effort put in by the National AIDS Program in the last four months in engaging the stakeholders not only for the implementation of the overall program, but also for seeking inputs for the two key processes KSA is currently engaged in i.e. developing the National Strategic Plan for KSA (2012-2017) and UNGASS 2012 reporting. Utilizing existing opportunities and creating some new initiatives was the strategy undertaken for reporting on the progress made since the last UNGASS 2010 report. A focal point person was identified from within the central NAP team to coordinate all the efforts for this process. Technical assistance was provided by a consultant from UNAIDS in developing and finalizing the report. Efforts were made to collect data and information for the recommended indicators of UNGASS, National AIDS Spending Matrix, National Composite Policy Index (Part A and B). This brought us to interact with stakeholders of other Governmental departments i.e. National TB Program, Ministry of Interior, General Director of Education, Drug Treatment Department, National Testing and Laboratories, Department of Community and Family Medicine, Primary Health Centre Directorate General, Physicians of Military Hospitals, National Guard Hospitals, Security Force, University teaching hospitals and ART centers. Inputs from NGOs have been very valuable towards developing this report. To name some of them – are the Board members and staff of The Saudi Charity Association for AIDS Patients, Halfway House for IDUs in Riyadh, PLHA and ex-IDU support groups and their networks, volunteers and outreach workers of Halfway House and others. The field visit to the NGO working sites, ART and VCT centers and interaction with the community members and their networks have been immensely beneficial. Following data compilation, the UNGASS narrative report was completed and shared with the National Scientific Committee on AIDS, which is the highest decision making body in the Kingdom of Saudi Arabia. Most of the invited were in attendance, which included representation from different governmental departments, treating physicians from various hospitals and UN agencies (WHO and UNICEF). The review of results from the last reporting round of 2010 along with high lighting changes since then was presented to the committee members. Comments and additions were incorporated to make improvements in the report. The report presented has thus been endorsed and validated by this committee.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

All comments from the stakeholders of Part A and Part B have been included. The meetings with stakeholders provided opportunities for further collaboration and address identified gaps through this process.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There was couple of problems encountered during this process. Data collection for indicators was a difficult task as in most of the cases data was scattered and not in the format as required for reporting. In most cases there were no estimation figures, denominator information thus unavailable. Reporting on over fifty indicators for GARP, UA and DD has been a heavy burden. Secondly, information for NASA was not available in such detail as required.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry Of Health	1. Dr. Ziad Ahmed Memish, Assistant Deputy Minister For Preventive Medicine	Yes	Yes	Yes	Yes	Yes	Yes
MOH	2. Dr. Ra'afat Al-Hakeem, Director Of Parasitic And Infectious Diseases	No	Yes	No	No	No	Yes
King Faisal Hospital, Riyadh	3. Dr. Fahd Al Rabiah, Consultant, Infectious Disease,	Yes	Yes	No	No	No	No

Al Amal Psychiatric Hospital, Riyadh	9. Dr. Esam Al Shora Chief Of Drug Treatment Department	No	No	Yes	Yes	Yes	Yes
Ministry of Interior.	12. Mr Abdul Elah Shariq, Drug Prevention for Addiction	Yes	Yes	No	Yes	No	No
, King Saud Hospital, Jeddah.	19. Dr. Batool Mohammed Ali Suliman, Consultant Infectious Diseases	No	No	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Saudi Charity Association for AIDS Patients	13. Mr Moussa , Director,	Yes	Yes	Yes	Yes	Yes
Saudi Charity Association for AIDS Patients	14. Mr. Salim	Yes	No	Yes	No	Yes
- Halfway house, Riyadh	. Dr Abdul Garni, Psychiatrist Director	Yes	No	No	Yes	Yes
King Saud Hospital, Riyadh	Mr. Bander Al Ouzemi, Nurse	No	No	No	Yes	Yes
- Halfway house, Riyadh	Mr. Khaled Al Zahaki, Outreach Worker	Yes	No	Yes	No	Yes
Volunteers from community members, PLHA networks	h. Ms. Fatima Al Dosari	Yes	No	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2010-2011

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The country has a strategic plan for the year 2010-2011 and is now developing a 5 year plan for 2012-2017. Establishment of National Scientific Committee for steering the national response in 2010. Multi-sectoral collaboration to promote awareness on HIV/AIDS through civil society (funded by Ministry of Sports /Youth Affairs and Ministry of Social Affairs)

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health, Civil society

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
-	Yes
Yes	Yes
Yes	Yes

Other [write in]:

Ministry of Interior (Narcotic Drug dept)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

The Ministries have their own earmarked budget and not shared with Ministry of Health. Ministry of Health supports with IEC materials, technical assistance for their planned activities (e.g. Awareness programme and Mobile VCT services at a soccer match "Ahaliya Etahad" held at Jeddah in 2010 -Ministry of Sports/Youth Affairs; Open day discussion on HIV/AIDS at parents-teachers/ teachers & youth meetings in secondary schools of Ministries of Education and Social Affairs in 2011)

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

-

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized. The other key populations are IDU, youth, migrants including illegal migrants

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The relationship with Civil society and NGO has enhanced over the last 2 years significantly and participation in the National Steering Committee has been ensured, besides active engagement in the development of the multi-sectoral

strategy for the current National Strategic Plan, Operation Plan and M&E framework.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

N/A

- 1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

No

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

Kingdom of Saudi Arabia is not a recipient of funding from external development partners for program implementation. KSA is donor for GFATM

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

No

5.3. Is HIV programme coverage being monitored?:

Yes

- 5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

HIV programme Coverage is mainly for diagnosed PLHA who receive ART, care and support, condoms, economic support, training and capacity building, support groups, drop in centres. Attempts are being made to reach out to men and Women at higher risk and their sexual networks and IDUs. Current estimates for these groups are not known and hence coverage cannot be measured / monitored.

Briefly explain how this information is used:

Calculating future ART needs is based on current consumption Strengthen prevention, treatment and care and support programs for PLHIV and general population awareness building activities through programs run by civil society.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Monitoring through the 20 Regional National AIDS Program Coordinators (provincial level); 8 ART treating centers (Regional level); STI clinics at PHC (primary level), hospitals and teaching hospitals (secondary and tertiary); some ANC centers (secondary level); premarital testing (regional), Ikama renewal (national)

Briefly explain how this information is used:

Strengthening service delivery at primary, secondary and tertiary level.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Integration of HIV services with health facilities (PHC, STI clinics, RCH programs, ART treatment centres,) has led to strengthening of HIV prevention services through training and capacity building in areas of VCT, STI syndromic and eitological case management, HIV/STI surveillance systems and condoms and IEC materials distribution).

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

1. Research studies undertaken e.g. on Bio-behavioral studies amongst illegal migrants, Qualitative behavioral studies for men

and women at higher risk currently in the planning stages 2. Expansion of technical and support staffing at the central National AIDS Program unit 3. Proactive engagement with multisectoral partners - media, FBO, Ministry of Interior (IDU and prisons) 4.Strengthening of program through effective monitoring, supportive supervision and enhancing technical capacity building initiatives 5. Efforts to expand the current prevention program run by the NGOs through satellite units & branches in other cities and establish greater engagement of other NGOs

What challenges remain in this area:

Stigma and discrimination prevents civil society getting on board with HIV/AIDS prevention programs Challenge to strategic planning is the absence of surveillance data and other data to characterize the epidemic.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

1. Minister of Health, KSA at the GCC Meeting (April 2011) urged each country in the region to budget for HIV prevention and care activities and to have a unified Regional HIV/AIDS strategy for GCC countries on issues concerning the region. 2. The Arab League meeting in Nov 2011 with representation from 22 countries for "Uniting Arab Countries to fight against AIDS" recommended to have a common strategic plan for the Arab region and align the regional strategy with the global strategy on HIV/AIDS 3. Launch of the regional 'Saudi Forum on HIV/AIDS' for the Arab countries in November 2011

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr Ziad Ahmed Memish, Deputy for Public Health, MOH, KSA

Have a defined membership?:

Yes

IF YES, how many members?:

15 permanent and some nominated called as per the agenda of the meeting

Include civil society representatives?:

Yes

IF YES, how many?:

Two

Include people living with HIV?:

No

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

No

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

1. The central National AIDS Program unit has been able to strengthen collaboration with other programs of MOH (especially TB, MCH/RCH) 2. Establishing linkages with Ministry of Interior, Drug Detoxification and Rehabilitation centers (Al Amal

hospital in Riyadh) 3. Establish linkages with the regional HIV positive network " Regional Arab Network Against AIDS" for leadership development programs amongst PLHIV 4. Involvement and engagement of pharmaceutical companies on awareness building measures

What challenges remain in this area:

Greater political commitment and leadership is required for minimizing stigma and discrimination in order to enhance access of services for men and women at higher risk of acquiring HIV/AIDS and to get more NGOs on board for strengthening the response to HIV/AIDS.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

15%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

Civil Society is funded directly by the Ministry of Social Affairs. In addition, the National AIDS Program provides support as mentioned above. The support are in areas of campaign to increase awareness on HIV/AIDS, facilitating Leadership Development programs for PLHIV, technical support in establishing peer support programs for PLHIV, drop-in-centers, care and support programs. The Ministry of Social Affairs provides economic support to individual PLHIV and their families (SAR 2000 per person per month) and the unemployed receive unemployment benefits (SAR 2000 per month).

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

A Law on" protecting basic Human rights of PLHIV encompassing right to employment, health, education and right to privacy and confidentiality" is awaiting final approval from the High level core group member meeting (Shoura Council).

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Policy regarding pre-employment testing in private sector is to be clearer.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Law to be enacted soon on protecting the rights of PLHIV 2. Increase in budget allocation for the National AIDS Program with high level utilization (nearly 100%). 3. Endorsement of high level commitment for regional initiatives e.g. Regional Strategy on HIV/AIDS for GCC countries, launch of Regional Forum on HIV/AIDS, links with Regional AIDS Network Against AIDS 4. Scale up of the National AIDS Program and the response to HIV/AIDS - condom promotional activities, strengthening of capacity building, central NAP unit, linkages with other sectors.

What challenges remain in this area:

1. Political support and leadership are often individual dependent. Ensuring continuous political support should be system dependent and not individual dependent. 2. Creation of enabling environment for reaching out to men and women at higher risk of acquiring HIV/AIDS.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

KSA is signatory to International treaties on Human Rights and as per these and local Islamic non-discriminatory laws ensures basic right to health, education, food, employment, marriage for all .

Briefly explain what mechanisms are in place to ensure these laws are implemented:

There are mechanisms for grievance redressal and dispute resolution. The concerned individual can directly seek assistance at the local court, or at service delivery centers of MOH or can even go through the local NGO. The individual can directly approach the Regional Governorate or even the King.

Briefly comment on the degree to which they are currently implemented:

They are all in place and strictly enforced.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Same sex and sex outside marriage is illegal. The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized.

Briefly comment on how they pose barriers:

Addressing behaviors that put men and women at higher risk of acquiring HIV/AIDS is difficult under the existing rules and regulations.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

-

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

-

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

2.3: Literacy rate is high (100%) and every child is in school. However, out-of-school programs are run by Ministry of Immigration for small number of non-nationals.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	No	No	No	No	men and women at higher risk; all STI clinics; HIV discordant couples; VCT centres; ART clinics
Yes	No	No	No	No	-
Yes	No	No	No	Yes	men and women at higher risk; all STI clinics; HIV discordant couples; VCT centres; ART clinics; pre-marital testing
No	No	No	No	No	-
No	No	No	No	No	men and women at higher risk; all STI clinics; HIV discordant couples; VCT centres; ART clinics
Yes	No	No	No	Yes	men and women at higher risk; all STI clinics; HIV discordant couples; VCT centres; ART clinics
Yes	No	No	No	No	men and women at higher risk; all STI clinics; HIV discordant couples; VCT centres; ART clinics
No	No	No	No	No	PLHIV case and support programs, along with OVC progsms

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

1. The relationship with Civil society and NGO has enhanced over the last 2 years significantly and participation in the National Steering Committee has been ensured, besides active engagement in the development of the multi-sectoral strategy for the current National Strategic Plan, Operation Plan and M&E framework. 2. HIV/AIDS awareness generation and addressing stigma & discrimination programs conducted with school education programs, 'Media and HIV' workshops. Ministry of Health supports with IEC materials, technical assistance for their planned activities (e.g. Awareness programme and Mobile VCT services at a soccer match "Ahaliya Etahad" held at Jeddah in 2010 -Ministry of Sports/Youth Affairs; Open day discussion on HIV/AIDS at parents-teachers/ teachers & youth meetings in secondary schools of Ministries of Education and Social Affairs in 2011) 3. Expansion of prevention program services e.g. condom promotional activities through the STI clinics at PHC and hospitals, ART treating centers, positive prevention program for PLHIV. Introduction of HIV testing in all STI clinics. 4. Introduction of HIV testing routinely in the National STI program and the STI reporting formats will collect condom usage and partner information. 5. Training health care workers on counseling and testing, PLHIV support groups, media personnel. 6. Strengthening awareness programs (hot lines for HIV counseling facilities) by introduction of Call center system on HIV information and counseling services for general population. 7. Introduction of 'edutainment' programs (information and entertainment programs with messages on HIV/AIDS) at the larger malls in Jeddah.

What challenges remain in this area:

Greater effort is required from the Government in elimination of stigma and discrimination at the community level. It is felt to be the root cause of community's inability to access services.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized. Civil society working with these groups and the socio-cultural challenges faced by them in addressing issues of these populations gives a good insight of their needs. Qualitative behavioral studies currently in the planning stages will provide a better understanding of this population and facilitate the ability to provide adequate services.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

N/A

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

N/A

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Some of the essential elements of the package are provision of ART through ART centers, HIV testing and counseling for people with tuberculosis and vice-versa, psychosocial support for PLHIV and their family members, STI and HIV linkages in the programs

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1. Introduction of HIV testing and counseling services in all STI clinics at PHC (2094 nos) and other treatment hospitals which will lead to early detection and treatment of HIV+ cases. 2. Scaling up of psycho-social and nutritional support, facilitating marriage between PLHIV individuals, positive prevention programs through CSO. 3. Encouraging more number of NGOs to be on board on prevention, treatment and care /support programs for PLHIV.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Neutral

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

1. Ministry of Social Affairs provides SAR 2000/- per person per month to PLHIV individual or their family towards economic support 2. National Loan Bank in Saudi Arabia provides loan and has micro-credit / micro-finance programs to help PLHIV individuals start small business. 3. Unemployment benefit like others (SAR 2000/- per month) 4. Loans to PLHIV for buying taxis and be self employed 5. Coupons distribution to PLHIV and their family members for food and nutrition support, household furnishing items for newly married, family outing to the entertainment parks. 6. Distribution of blankets by Ministry of Social Affairs during winter months 7. University has priority admissions for students from PLHIV category/ or their families. Education at other levels are free like others. 8. ART medication is provided free of cost to all nationals.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

N/A

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

10

Since 2009, what have been key achievements in this area:

1. Early detection, diagnosis and treatment of all cases as a way of prevention of HIV 2. Political support and commitment and support enabled strengthening of the care and support program implementation 3. Increase in financial resource allocation enabled strengthening of current programs and expansion in some areas, focus on capacity building and drawing up on technical resource both internal and external; building the central NAP team. 4. Better coordination and reporting with other vertical programs e.g. National TB program 5. Establishment of STI unit at the central National AIDS Program Unit for better management of STI-HIV case management in the Kingdom (2009); introduction of syndromic case management of STI cases from all PHCs in 2009 and HIV testing and counseling in all STI clinics (Dec 2011)

What challenges remain in this area:

Stigma and discrimination prevents civil society organisations involvement and engagement with HIV/AIDS care and support programs

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

No

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

1. The strong family set up of the society provides care to children, both infected with HIV positive and / or affected and vulnerable. 2. Government provides economic support to the families of infected and affected children with HIV/AIDS

What challenges remain in this area:

Increasing the coverage of treatment, care and support services for PLHA

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

M&E plan is part of the annual action plan for the National AIDS Program. The NSP (2012-2017) will have a detailed operational plan and an M&E plan as well.

1.1 IF YES, years covered:

2010-2011

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

Developing and timely reporting on a multi-sectoral harmonized plan is a big challenge.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

No

Routine programme monitoring:

Yes

A data analysis strategy:

No

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

No

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

8%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

1. Timely receipt of reports from the peripheral units 2. Appropriate reporting on the agreed set of parameters

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
HIV surveillance officer	yes	-	>10 yrs
Program Officer	-	yes	7-8 yrs
STI and Treatment Centre coordinator	-	yes	3 yrs
Training and Evaluation officer	-	yes	>10 yrs
Data Systems Manager	-	yes	2 yrs
Technical Officer at Directorate of PHC for monitoring and reporting of STI to NAP unit	-	yes	>10 yrs
National AIDS Coordinators based in Governates (20 nos) for regional program monitoring and reporting	yes	-	>24 yrs

IT programmers	yes	-	-
Statistics Dept	-	yes	seek support as and when required

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Data entry operators	-	-	as and when required
Data analysis	-	-	as required
Technical consultants	-	-	as required
Field investigaors for surveys / research work	-	-	as required
Principal investigaros / research persons	-	-	as required

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
 1. HIV case notification routinely received at the NAP central unit through the NAP coordinators 2. Routine reporting from STI clinics at PHC syndromic and aetiological case diagnosis and management through the Directorate on PHC and thence to STI & Treatment Centre Coordinator based at the NAP unit. 3.Data available on request from National TB programs, pre-marital screening, blood banks, drug rehabilitation and detoxification center.

What are the major challenges in this area:
 Accessing data from the central registry for reporting on the increasing number and type of indicators for UNGASS reporting is a major challenge.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes
IF YES, briefly describe the national database and who manages it.:
 The national data base receives reporting from various sectors e.g. NAP coordinators, ART treating centers, VCT and National STI program and proactively engages with other sectors in getting data from blood banks, National TB programs, Pre marital testing, pre-employment testing and others. The central data base is currently managed by the Central Unit of NAP. It is planned to make this unit part of the national surveillance system.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above
IF YES, but only some of the above, which aspects does it include?:
 Treatment of HIV & the associated co-infection with related services from all government implementing centers from the twenty regional governerates are included. Information specifically related to Female Sex workers and MSM are not included as the term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized.

6.2. Is there a functional Health Information System?

At national level: Yes
At subnational level: Yes
IF YES, at what level(s)?: Information from PHC and other centers received at regional Governerates and then sent to the National AIDS Program Unit.

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?: Yes
In developing / revising the national HIV response?: Yes
For resource allocation?: Yes
Other [write in]: Annual program report utilizes M&E data for planning and up-scaling of national program.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

1. 25-30 % increase in budget allocation based on previous utilization figures. 2. Increase in technical support and supportive supervision visits based on the routine monitoring data from the regional centers 3. Greater effort for improving the utilization of the VCT clinics. Challenges- Need more technical skilled staff and improve coordination with key partners for optimal utilization of M&E data.

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

70

At subnational level?:

Yes

IF YES, what was the number trained:

257

At service delivery level including civil society?:

Yes

IF YES, how many?:

27

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

1. Program monitoring and reporting has been of part of training content in HIV and STI related training activities during the year. 2. Training field investigators and laboratory technicians on data collection specific for research on HIV/AIDS 3. HIV and STI Surveillance trainings are being carried out currently. 4. Investigative visits to strengthen infection control practices through training and capacity building of hospital staff on universal precautions.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

6

Since 2009, what have been key achievements in this area:

Monitoring and data analysis helped in revising the reporting forms to get age sex disaggregated data (STI, HIV) collaboration with other partners, initiating research work on HSV2, CD4 testing and ART estimation studies.

What challenges remain in this area:

To have surveillance systems and estimation of numbers of HIV positive individuals and reporting against the required indicators is required.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

Civil society is playing a strong role in providing support to People Living with HIV on psycho-social aspects and has contributed in drafting the bylaw to protect the rights of people living with HIV and AIDS in Saudi Arabia, in relation to Right to Employment and work, Right to Education and Right to Marriage. The advocacy efforts in the last 2 years has moved the process and now it is awaiting final approval from the highest body, the 'Shoura Council'.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

3

Comments and examples:

Involved in the planning and development of National Strategic Plans, UNGASS AIDS 2012 reporting. Participation in high level planning meetings viz National Scientific Committee meetings on policy decision regarding ARV treatment guidelines, HIV testing policy and others.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

0

c. The national HIV reports?:

4

Comments and examples:

• Civil societies are not permitted to provide clinical treatment services to HIV/AIDS patients, hence provide services in the areas of HIV prevention, care and support only. • Civil society receives funding support from the Ministry of Social Affairs and not from Ministry of Health • The role played by civil society is mentioned in National reports viz NSP, UNGASS 2010 & 2012, Annual report of National AIDS Program of MOH

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

3

c. Participate in using data for decision-making?:

3

Comments and examples:

The role of civil society has been limited up till now in areas of Monitoring & Evaluation of HIV response. However, they will be engaged in the process of developing the National Strategic Plan (2012-2017) with its Operational Plan and M&E framework.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

• People Living with HIV have support groups and there is small local networks, which are separate for HIV positive men and women. “Al-hosen” is an active PLHIV network in Saudi Arabia • Civil society has established strong linkages with Regional and Sub-regional networks (RANAA) and the Regional Networks provide capacity building / technical support to the local networks (e.g. Leadership Development Programs for PLHA) • Media and Faith Based Organisation (Religious Imam Mosques) are also actively engaged in awareness building measures in KSA.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Civil society access funding from the Ministry of Social Affairs, corporate sectors viz oil companies and pharmaceutical companies. Technical support is received by the technical team of National AIDS Program, Ministry of Health KSA, UN agencies viz UNAIDS, UNDP, Regional PLHIV networks e.g. RANAA

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

25-50%

Men who have sex with men:

-

People who inject drugs:

-

Sex workers:

-

Transgendered people:

-

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

-

Home-based care:

25-50%

Programmes for OVC:**

25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

5

Since 2009, what have been key achievements in this area:

• Expansion and growth of civil society in terms of staffing and addition of newer initiatives (one VCT center is now being managed by the NGO based in Jeddah; income generation activities). This NGO plans to have satellite units within the city and sub-units / branches in other major cities; the reason being that stigma & discrimination associated with the disease prevents other NGOs to come on board and work on HIV/AIDS. • However, there is a gradual improvement in the involvement

of other stakeholders in addressing stigma and discrimination viz Saudi Islamic Bank, Media representation, "Egatha Foundation" a faith based organisation involved in relief and community development work has taken on board to address the care and support issues of PLHIV individuals, their family members and children affected or infected with HIV/AIDS • Linkages with Regional PLHA networks for Capacity building of PLHIV- Leadership development programmes is one of the key achievement.

What challenges remain in this area:

• Stigma and discrimination has to be addressed in a big way • HIV programmes to address issues relating to key population- Men and women at higher risk of acquiring HIV infection, IDUs

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

National AIDS Program along with UNAIDS included PLHIV group members in planning and strategizing future work for MARPS through a focus group discussion. Representation of men and women at higher risk or Greater involvement of people living with HIV/AIDS is limited. However, Civil society is represented in the National Scientific Committee, which is the highest body taking technical and policy decisions in the Kingdom. Civil society was represented in the Regional Meetings (GCC Meeting April 2011), Arab League meeting on 'Uniting Arab Countries to fight Against AIDS' (Nov 2011), launching of regional 'Saudi Forum on HIV/AIDS for the Arab countries (Nov 2011)

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is recognized. The other key populations are IDU, youth, migrants including illegal migrants.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

-

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

There is a non-discriminatory law ensuring protecting the Right to Education, Health and Employment for all citizens. Civil society has contributed in drafting the bylaw to protect the rights of people living with HIV and AIDS in Saudi Arabia, in relation to human and civil rights (Employment and work, Right to Education and Right to Marriage). The law mandates offering ART to legal migrants until the time they leave the country and carry two months supply with them to tide over the interim period for enrollment at the local ART treating centres. The advocacy efforts in the last 2 years has moved the process and now it is awaiting final approval from the highest body, the 'Shoura Council'.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Any complaints received are resolved promptly and actions are taken. The issues could come to the notice of civil society or seeking legal assistance at the local courts or received by the respective departments / Ministry directly. Prompt investigative missions are deployed and corrective actions are taken.

Briefly comment on the degree to which they are currently implemented:

1. Addressing rights of PLHIV, the government provides economic assistance of SAR 1500-2000 per month per person to PLHIV or their family 2. HIV positive migrants are deported back to their country of origin. However, they are provided ART treatment, if required, during the time taken for processing the paper formalities for deportation and carry 2-3 months stock of medicine to cover the time taken for registering/ Enrolling with the local system. 3. PLHA youth receive unemployment benefits like others. 4. Prison inmates can enjoy food from home, ART services through treating centres, spousal stay over night with them in the prison 5. The IDUs on detection are not sent to prisons but to hospitals for treatment and rehabilitation services, as they are considered to be sick and not criminalize, unless there is concomitant criminal offense requiring to be put into prisons. 6. Situation of women and girls is improving at a slow pace- in areas of access to employment, travel in country / abroad, access to university education.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No

Men who have sex with men:
Yes

Migrants/mobile populations:
No

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs:
Yes

Prison inmates:
No

Sex workers:
Yes

Transgendered people:
Yes

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in]:
Illegal residents

Briefly describe the content of these laws, regulations or policies:

The laws criminalize same sex behaviour, sexual relationship outside marriage; possession of drugs; The law prohibits provision of sexual education in schools, i.e. information on condoms and safe sex. Law for women allows her to travel with a close male escort and not without. Law prohibits marriage between HIV sero-discordant couples.

Briefly comment on how they pose barriers:

1. Non-acknowledgment of populations with high risk behaviors deters from placing prevention Programmes for key populations / MARPS. The term sex worker or men who have sex with men is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia. For women and men who are vulnerable and at higher risk of acquiring HIV, the need for prevention services is being recognized and appropriate targeted intervention programs are to be initiated. 2. The above leads to inability in conducting HIV surveillance studies among general and key population and to have evidenced based interventions 3. BCC interventions, promotion of safe sexual practices and condom usage, needle syringe exchange programs cannot be implemented with key populations. 4. Awareness generation amongst general population and for youth carry general HIV awareness messages and not specific HIV prevention messages.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Victims of sexual violence or rape are covered specifically under the law for ART provision, if required.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

1. Law addressing rights of PLHIV is under formulation, which will specifically include Right to Employment, marriage and education 2. Human rights aspects for PLHIV and men & women at higher risk of acquiring HIV and AIDS dealt with in the HIV National Strategic Plan (2012-2017) 3. Family subsistence allowance to PLHIV and their family is the official policy of Ministry of Social Affairs 4. The policy of Ministry of Defense states non-dismissal of HIV positive individuals from employment and to move them to non-combatant positions.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Record of complaints received at the Regional National AIDS Coordinating centers, ART Treatment centers, Hospitals and University teaching hospitals, National AIDS Program at the Ministry of Health, in local courts and other places are investigated and corrective actions are taken. Besides these, any complaints be it from general or any HIV positive individual, receive attention as others at the respective governmental departments or local courts.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

1. ART treatment is provided for all national PLHA free of cost depending on clinical staging at all ART treating centers 2. HIV prevention services includes Positive prevention for PLHIV and their families; for general population prevention strategies (mandatory premarital testing, blood donor screening, recent condom distribution through the Ministry of Health from various STI clinics at PHC centres, IEC on stigma and discrimination, VCT, pre-employment testing, HIV testing in TB and RCH programs) and renewal of 'Ikama' (employment ID for Non-nationals) and Universal precaution strategies in health care settings 3. HIV related care and support interventions (Nutritional support, income generating activities, economic support for PLHIV and family, marriage program) for PLHA is provided

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Equal access to HIV prevention, treatment and care and support services are for all in the programmes which includes HIV positive individuals and their families and NSP (2012-2017) has articulated strategies for addressing key issues of men & women at higher risk for acquiring HIV infections and other vulnerable populations.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Vulnerable populations are being addressed through peer education strategies, peer support groups, drop in centers, mobile and static VCT services, IEC messages, BCC strategy. Attempts are being made to understand their sexual networks to reach out to the hidden population. Women and men staff for working with the respective groups, encouraging people to volunteer service for the HIV program. The NGO plans to scale up civil society initiatives through having branches at other cities and through satellite drop in units within each important major city.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

Pre-employment HIV screening of nationals is not mandated apart from few exceptions viz military recruits

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes

IF YES on any of the above questions, describe some examples:

Investigative actions are taken by National AIDS Programme, Ministry of Health on receipt of complaints. In addition, other agencies viz Human rights commission, women's rights commission, National NGO on Human Rights in Saudi Arabia, Civil Society representation in Law reform Commission work for protection and promotion of human rights including that of HIV positive individuals.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

Newer initiatives to work with religious leaders and with Ministry of Labour on work place interventions

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

6

Since 2009, what have been key achievements in this area:

1. Greater visibility of the HIV program 2. Civil society representation at regional high level ministerial meetings for GCC countries and Arab league and at the regional Forum 'Uniting to fight against AIDS' 3. Involvement of media on addressing Stigma and Discrimination related to HIV

What challenges remain in this area:

Socio-cultural settings deter individuals from accessing to preventive, treatment and care and support services. Greater efforts and investment required to address stigma and discrimination and advocacy for passing the bylaw at the earliest.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

6

Since 2009, what have been key achievements in this area:

Initiation of Condom distribution by the Ministry of Health in 2011 through STI clinics at PHCs in KSA

What challenges remain in this area:

Greater advocacy for passing the law by the 'Shoura council' on right to education, marriage between discordant couples remains a challenge.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

HIV programme is mainly for diagnosed PLHA who receive ART, care and support, condoms, economic support, training and capacity building, support groups, drop in centers services. The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia and they are called 'women and men who are vulnerable and at higher risk of acquiring HIV'. The need for HIV prevention services is recognized. Attempts are being made to reach out to men and Women at higher risk and their sexual networks and IDUs. This is a major gap in the HIV prevention program, the others being- 1. Few NGOs undertaking HIV/AIDS programme and most of them are based in western region of the country. Efforts to scale up the efforts of existing NGOs working in this area and setting up intervention program at other major cities is being made. 2.

Volunteering by Medical Students for the Campaign on 'Get to Zero New Infections, Zero Discrimination, Zero AIDS related deaths' was a great success and thus greater is being made to encourage volunteering work in the program, besides the existing volunteering work by PLHA for care and support program. 3. Young people seeking VCT services prior to undertaking pre-marital testing has been found to be significant, indicating greater effort needs to be made in provision of VCT services.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

N/A

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

N/A

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

1. The term sex worker is not relevant in the sociocultural and religious context of Kingdom of Saudi Arabia and they are called 'women and men who are vulnerable and at higher risk of acquiring HIV'. The need for HIV prevention services for this group is recognized. Attempts are being made to reach out to men and Women at higher risk and their sexual and IDUs. 2. Initiation of Condom distribution by the Ministry of Health in 2011 through STI clinics at PHCs in KSA 3. Greater visibility of HIV programs in KSA 4. Volunteer enrollment in the civil society run programs for providing HIV prevention, care and support services 5. NGO runs a mobile and static VCT clinic in the western region (Jeddah)

What challenges remain in this area:

Socio-cultural settings deter individuals from accessing preventive, treatment and care and support services. Greater efforts and investment required to address stigma and discrimination. Creating access to services for men and women at higher risk for acquiring HIV/AIDS remains the biggest challenge.

B - V. TREATMENT, CARE AND SUPPORT**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Priority areas for KSA are: 1. Provision of ART treatment through treating centres, antenatal clinics, hospitals. 2. Provision of Psychosocial, nutritional and economic support (including income generating activities) for PLHIV and their families 3. Strengthening VCT services 4. Initiation of PMTCT programs 5. HIV testing for all TB patients and vice versa. 6.HIV testing for all STI cases 7. Training on universal precautions

Briefly identify how HIV treatment, care and support services are being scaled-up?:

• To build further the civil society response • Establishing peer education and support groups for PLHIV networks and encouraging 'volunteerism'. • Greater Involvement of media on addressing Stigma and Discrimination

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

1. Good accessibility and availability of ART from all treatment centres 2. Establishment of peer support groups, drop in centres for PLHIV

What challenges remain in this area:

1. Strengthening referral systems to prevent case drop out from the point of identification to treatment service point. 2. Disclosure of the status of individuals who are HIV positive is hardly present. Stigma and discrimination preventing disclosure needs to be addressed.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

No

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

Since 2009, what have been key achievements in this area:

1. Greater visibility of the HIV program 2. Involvement of media on addressing Stigma and Discrimination 3. Condoms distributed by NAP, MOH through the STI clinics at PHCs 4. Good accessibility and availability of ART from the treating centres 5. Establishment of peer support groups and small networks, PLHIV drop in centres

What challenges remain in this area:

o Strengthening referral systems to prevent case drop out from the point of identification to treatment Service point. o Stigma and Discrimination- addressing the various aspects viz disclosure of HIV + patients, Civil society involvement, greater media role, o Socio-cultural settings deter individuals from accessing services and also the program in reaching out to vulnerable people at higher risk of getting the disease.

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